

Montgomery Police Department

Volunteers In Police Service & Citizens Police Academy Application

Applicants should live or work in Montgomery and be at least 21 years of age. The academy is 11 weeks in length with classes held every Tuesday from 6:00 p.m. – 9:00 p.m. at 740 Mildred St, Montgomery Police Academy. The class is limited to 35 and if it's full before your application has been processed, you will be placed on the waiting list for the next academy class. Please contact Sgt. J. Mackey at 240-4800 for additional information.

Name: _____
(Last Name) (First Name) (M/I)

Date of Birth: ____/____/____ Driver License#/State: _____

Social Security # ____-____-____ Gender: ☐ Male ☐ Female

Race: ☐ White ☐ Black ☐ American Indian ☐ Hispanic ☐ Asian Pacific Islander

Are you a U.S. citizen? Yes ____ or No ____ Place of Birth: _____

Home Address _____
(Street)

(City) (Zip Code)

Home Telephone number: ____-____

Place of employment and Telephone number: _____

Have you (since the age 18) ever been arrested, convicted or plead guilty or no contest to a misdemeanor?
Yes__ No__

If yes, describe circumstances: _____

Have you (since the age 18) ever been arrested, convicted or plead guilty or no contest to a felony?
Yes__ No__

If yes, describe circumstances: _____

Has any member of your immediate family or a close relative ever been arrested (other than traffic violations)? Yes: _____ No: _____

If yes:

(Name)	(Relationship)	(Charge)	(Deposition)
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(Name)	(Relationship)	(Charge)	(Deposition)
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List any relatives or friends working for the Montgomery Police Dept:

_____	_____
_____	_____
_____	_____

Do you speak a foreign language? Yes ____ No ____

If yes, what language: _____

Authorization and Release

My signature on this application form attests to the fact that all information included is true to the best of my knowledge. I am aware that falsification on any part of this application form, credentials, may disqualify me or result in my immediate dismissal, regardless of when discovered.

Furthermore, I hereby authorize the Montgomery Police Department, its agents or representatives, to contact any person or entity named on my application, and any attached credentials, for the purpose of confirming the information contained therein and/or obtaining other information which may be material to my qualifications. I also authorize the Montgomery Police Department to perform a criminal background investigation and driving history. I hereby release the Montgomery Police Department, its agents, or representatives, and any entity providing information pursuant to this Authorization and Release of information, from all liability upon the provision of that information.

SIGNATURE: _____ DATE: _____

Return application to
Montgomery Police Dept
Citizens Police Academy
Attn: Sgt. J. Mackey
Community Policing Bureau
320 N. Ripley Street
Montgomery, AL, 36104